

Independent Resolutions Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Aug/16/2012

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar Discogram with Post CT Scan

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

Orthopedic spine surgeon, practicing neurosurgeon

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- ☒ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Request for IRO dated 07/30/12

Utilization review determination 05/23/12

Utilization review determination 06/13/12

Clinical records Dr. 01/11/11-06/06/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male injured on xx/xx/xx after lifting a water bottle container. He is reported to have developed low back pain ultimately undergoing plasma disc decompression at L4-5. The first available clinic note is dated 01/11/11. At this time the claimant reported chronic low back pain with lower extremity pain left greater than right. He is reported to be unable to work as policy officer as he is unable to stand for prolonged periods of time. He is reported to have positive EMG/NCV findings and MRI dated 01/30/09 demonstrated changes at L4-5 and L5-S1. After plasma disc decompression was performed he had 2-3 months of being fairly asymptomatic. He is noted to utilize lumbosacral support. He is recommended to undergo discogram CT study which was denied.

The claimant was seen in follow-up by Dr. on 06/24/11. He is reported to be status post MRI

of lumbar spine. This study notes 2 mm anterior posterior disc protrusion at L4-5 with no significant central or foraminal stenosis. There is arthrosis bilaterally of facet joints. At L5-S1 there is moderate degenerative disc of 3 mm in AP diameter with posterior annular bulge. There is abutment of L5 nerve root and S1 nerve roots without compression. On physical examination he has low back pain and left lower extremity radiculopathy. He is again recommended to undergo a three level discogram at L3-4, L4-5 and L5-S1.

The claimant was seen in follow-up on 03/20/12. He presents for refills of medications. He is noted to have been recommended to undergo psychological evaluation to ensure no barriers to recovery. It is noted a request is pending for surgery. Dr. opines it is mandatory to perform lumbar discography to ensure the three levels are symptomatic. The record contains a letter dated 06/06/12. Dr. notes the obvious problems are at L5-S1 level. He believes it is absolutely mandatory to do 3 level discogram to verify disc is causing symptoms.

The initial review was performed by Dr. on 05/23/12. Dr. non-certified the request noting discography is not recommended under ODG.

The subsequent appeal request was reviewed by Dr. Dr. non-certified the reconsideration for lumbar discogram with post CT scan. He notes Official Disability Guidelines do not support lumbar discogram and post CT scan. He notes guidelines report pain production was found to be common in non-back pain individuals, and therefore it was found to be inaccurate in many patients with back pain and abnormal psychosocial testing.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The request for lumbar discography was not supported as medically necessary, and the prior utilization review determinations are upheld. The submitted clinical records indicate the claimant has history of low back pain that resulted in plasma decompression at L4-5. Given this history, the disc at L4-5 level was clearly compromised. The claimant has continued axial back pain unresponsive to conservative treatment. The record does not include pre-procedure psychiatric evaluation to address any confounding issues to skew the results of controversial study. Additionally, lumbar discography is not supported as isolated indication for performance of surgery specifically fusion procedures. It is noted the data from this study is poor and generally unreliable. Based on the clinical information provided, the request is not supported as medically necessary.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES